

## CITY OF BRANSON

# INSTRUCTIONS FOR **2011 LIQUOR LICENSE RENEWAL** APPLICATION

1. All questions on application must be fully answered and application must be notarized.
2. The following documentation must accompany the completed, notarized application that is returned to the city's Finance Department before **APRIL 15** in order for the city to complete the review of the application in a timely manner:
  - a. A copy of a 2010 paid county personal property or real estate tax receipt for the Managing Officer (not the business but for the individual);
  - b. A color copy of the current driver's license of the Managing Officer if a new or renewed driver's license was issued by the state during 2010 or 2011;
  - c. A copy of your Missouri state sales tax license for the licensed location;
  - d. Failure to submit the renewal application to city hall by **APRIL 15** will result in the city notifying the state Division of Alcohol & Tobacco Control of the possible non-renewal of the city liquor license for your business.

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3. The following must occur between **APRIL 15** and **JUNE 30** before the City of Branson will issue a 2011 liquor license:
  - a. The City's finance department must receive payment for all taxes due the city (including any penalties & interest) for the business and payment for all services (i.e. water, sewer) provided by the City;
  - b. A 2011-2012 renewed City business license must have been issued by the Finance Department;
  - c. The city Finance Department must be provided with a copy of the State Liquor License(s) when issued to the business around the middle of June;
  - d. Review and approval of the renewal application by the city liquor control specialist; required alcohol training and minimum sales levels for the particular license type will be reviewed;
  - e. Payment of the Liquor License fees to the City of Branson which is 1 ½ times the amount shown on the State Liquor License(s);

**City liquor licenses not successfully renewed by June 30 will be voided and the business will have to suspend all liquor sales, reapply for a city liquor license, and pay appropriate liquor application fees should it want to sell alcohol related products at some later date.**

CITY DATE STAMP – RENEWAL  
APPLICATION RECEIVED DATE

**CITY OF BRANSON**  
**LIQUOR LICENSE RENEWAL**

(Application must be typed or printed in black ink)

LICENSEE'S NAME (Legal Name) \_\_\_\_\_ DATE \_\_\_\_\_  
DOING BUSINESS AS \_\_\_\_\_ BUS. PHONE # \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
ORGANIZATION TYPE: \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP. (Non-LLC) \_\_\_\_\_ CORP. (LLC) \_\_\_\_\_  
Person to contact regarding completion of this application \_\_\_\_\_ Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

**1. LOCAL MANAGING OFFICER** (An employee of the licensed business who is involved in the day-to-day management of the Branson establishment and who is responsible for the business and its employee's compliance with state and local liquor laws.)

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Business E-mail \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_  
Current Residence \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Date Admitted for Citizenship (if naturalized) \_\_\_\_\_ Court Name \_\_\_\_\_ City \_\_\_\_\_  
Registered to Vote in CITY or TOWNSHIP \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Current Employer \_\_\_\_\_ Date Employed \_\_\_\_\_

Managing Officer Business Mailing Address \_\_\_\_\_

Are you currently involved in day-to-day management activities at the licensed Branson location? \_\_\_\_\_

Convicted of Felony? \_\_\_\_\_ If Yes, provide details \_\_\_\_\_

Prohibited from holding license? \_\_\_\_\_

Ever arrested and found guilty for a felony offense for which you served jail time, received a suspended sentence, or were placed on probation? \_\_\_\_\_ If yes, provide details, location and approximate dates \_\_\_\_\_

**2.** Is any nude or semi-nude entertainment planned to be conducted on the licensed premises in 2011? \_\_\_\_\_

**3.** Describe entertainment (if any) to be held on the premises in 2011 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.** Are any games of chance to be installed on the premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**5.** Juke boxes? \_\_\_\_\_ Pool Tables? \_\_\_\_\_ Pinball Machines? \_\_\_\_\_ Video Games? \_\_\_\_\_ Stage Contests? \_\_\_\_\_

**6.** Does or will the business have a cover-charge for admission? \_\_\_\_\_ Customer Dancing? \_\_\_\_\_

**7.** Provide information on **2010** employee alcohol education attendance (attach additional sheets if not enough space on this sheet). Employees & contracted labor associated with liquor sales are required to attend a

training session within 2 months of hire date and every 2 years thereafter. **All employees that were employed in 2010** that were servers, cashiers, bartenders, and direct supervisors associated with alcohol sales are to be listed below. List all those who had training and all those who did not receive training. Include active and former employees that worked at the business anytime during 2010.

	EMPLOYEE NAME	TITLE OR ROLE (i.e. cashier, server, bartender, owner)	HIRE DATE	DATE OF ALCOHOL TRAINING	NAME OF TRAINING PROVIDED (i.e. CPO, SMART, Approved In-house)
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CPO – Community Partnership of Ozarks (City Hall)

SMART – U. of Missouri On-line class

**8. 2010 (Jan-Dec) TOTAL SALES FOR THE BUSINESS:**

2010 ALCOHOL RELATED SALES ..... \$ \_\_\_\_\_  
2010 PREPARED FOOD & NON-ALCOHOLIC BEVERAGE SALES \$ \_\_\_\_\_  
2010 OTHER TYPE OF SALES (Taxable & Non Taxable) ..... \$ \_\_\_\_\_  
  
TOTAL SALES FOR 2010 ..... \$ \_\_\_\_\_  
MISSOURI SALES TAX NUMBER: \_\_\_\_\_

**Note: The 3 amounts detailed above need to add up to the TOTAL SALES amount. Your liquor license type may require a minimum number of sales in a particular category in order to have your license renewed for 2011. Reported amounts may be compared with city tourism tax return information and/or with reported city sales tax receipts from the Mo. Dept. of Revenue for validation purposes.**

**9. OTHER INFORMATION:**

- a. Has there been a change in ownership since last year? \_\_\_\_\_
- b. Are there any new partners in the business this year? \_\_\_\_\_
- c. If a LLC, has there been any new members added or removed this past year? \_\_\_\_\_
- d. If answered "yes" in a, b, or c above, please provide names and comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. ANNUAL LIQUOR LICENSE RENEWAL FEES:**

Branson liquor license fees are equal to one and a half (1.5) times the fees charged by the State of Missouri Division of Liquor Control and can be paid when a copy of the state liquor license is provided to the City's licensing section **OR** at the time you mail-in the completed renewal application. The city liquor license is not issued until all fees, water bills, and tourism taxes are paid current and will not be mailed until around the middle of June.

## IMPORTANT

I am to report any factual change to any item within this application within 10 working days to the City's Finance Department. I understand that false answers made herein may result in the denial of this license application. I understand that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked, suspended, fined, placed on probation, or otherwise be disciplined. I understand that any license granted will be subject to the provisions of Chapter 311 and 312, RsMo Statutes, the Rules and Regulations of the Mo. Div. of Alcohol and Tobacco Control, and Section 10 of the Branson Municipal Code. I agree to abide by these statutes, rules & regulations, and ordinances. Failure to conform to any of these laws, regulations, and ordinances will subject the license to revocation, suspension, fine, probation, or other discipline. Further I agree to allow the City to make inspections made in accordance with Section 10 of the Branson Municipal Code, Rules & Regulations of the Mo. Div. of Alcohol and Tobacco Control. I will allow the Finance Director or his/her duly appointed agent to examine and secure copies of any and all business records or documents related in any way to this business, including, but not limited to, those on file with any bookkeeper or accounting firm. I authorize the Director of Finance, the Branson Police Department, or their duly appointed agent(s) to conduct a criminal record check of the managing officer and any and all owners, members of a LLC, officers of a corporation, partners in a partnership, registered agent, or any other person affiliated in any way with the business for which this liquor license application is being made. I understand that my liquor license may be revoked if my business is closed for business (have no sales to the general public) for a continuous period of 90 days. **I agree to cease the sale of all alcoholic beverages and remove all liquor products from my business location if I am not successful in renewing my city liquor license by June 30. If not renewed by June 30 I will have to reapply for a liquor license, if the license type is available, and pay the appropriate application fees.** I will not be able to sell alcoholic beverages until I have secured a city liquor license. **As the named Managing Officer herein, I am an employee of the business and am actively involved in the day-to-day management of the Branson licensed location.**

I, \_\_\_\_\_, of lawful age, being first duly sworn upon

**(TYPE OR PRINT NAME OF MANAGING OFFICER)**

my oath, depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and that the same are true.

Managing Officer Signature \_\_\_\_\_ Corp./LLC Name \_\_\_\_\_  
(TYPE OR PRINT NAME OF BUSINESS)

Owner Signature (If proprietorship) \_\_\_\_\_

Signature (if Partnership) \_\_\_\_\_

## NOTARY PUBLIC

State \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Notary Public Name (Typed or Printed) \_\_\_\_\_

My Commission Expires \_\_\_\_\_